

Incident Report form

This form is to be completed and maintained at the facility for at least five years.

Facility Name _____

Type of incident (blood, stool, vomit, etc.) _____

Where was it found _____

Who found it _____

Was there a needle, syringe, glass, other? Yes / No

If yes, describe _____

Who did it belong to (if known) _____

Date it was found _____ Time found _____ AM / PM

Who cleaned it up _____

Date it was cleaned up _____ Time cleaned _____ AM / PM

What protective clothing was used _____

What disinfectant was used _____

At what strength/dilution _____

Explain the cleaning procedure used _____

How was it disposed (toilet, trash, sharps container, etc.) _____

Was anyone in the area before it was cleaned up _____

Was anyone in the area while it was cleaned up _____

*Were there any injuries while cleaning up: Yes / No

If yes, what and how _____

Medical treatment of injury sought? Yes / No If yes, Date _____

Any questions, suggestions or comment _____

*OSHA requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from contaminated sharps. The purpose of the Log is to aid in the evaluation and identification of problems in the devices and procedures being used.